

treatment”). Cost per STP in 2001 is lower for tolterodine (5523L. (€2.85)) than oxybutynin (17265L. (€8.92)). The “no treatment” group demonstrated the highest non-drug costs while providing no efficacy.

CONCLUSION: This economic model demonstrates that tolterodine is more cost-effective than oxybutynin in treating unstable bladder as measured by cost per successfully treated patient in Italy.

PKU3

CUMULATIVE INCIDENCE AND TOTAL COSTS ASSOCIATED WITH URINARY AND OVERACTIVE BLADDER DISORDERS IN EMPLOYED POPULATIONS

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OBJECTIVES: Urinary incontinence and overactive bladder disorders are not recognized as significant issues for employed populations. Perceived as a problem for women over 50, and frequently undiagnosed, these conditions may have undetected effects on employee health costs and productivity. Using a large, longitudinal, multi-employer health-care database this investigation examined incidence and benefit use by employees who had a diagnosis of urinary incontinence or overactive bladder disorder (OAB).

METHODS: OAB was defined by ICD9 codes 595, 596 and 788. Incidence was estimated from a medical claims database of 230,000 employees. Excess benefit costs were derived from a subset (n = 36,777) with four-years of medical, absence, disability, and workers-compensation (WC) data. Using a censored regression model to control for differences in demographics, job and health characteristics expected incremental-benefit costs for OAB were calculated.

RESULTS: 2.58% of employees had OAB. Employees with OAB were significantly (p < .01) older and more likely to be female. Employees with OAB had significantly (p < .001) higher costs for all benefits except WC (*p = .19) and had a greater likelihood of filing disability claims. Controlling other factors, OAB employees had higher costs for medical (diff = \$995), sick leave (diff = \$151), STD (diff = \$148), LTD (diff = \$76), and *WC (diff = \$178). Total difference was \$1,548 per OAB employee. Where individual productivity data were available, employees with OAB produced 5% fewer units annually, although this is not statistically significant (p = .34).

CONCLUSIONS: OAB was detected in one in every 40 employees. Employees with OAB were higher users of health-related benefits, more costly overall, and absent more frequently. As such, OAB may be a hidden source of health costs for employers. More research needs to be done to determine what portion of OAB-associated costs can be avoided through appropriate treatment.

PKU4

COST-MINIMISATION STUDY COMPARING SIMULECT VERSUS THYMOGLOBULINE IN RENAL TRANSPLANT INDUCTION

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OBJECTIVE: The aim of this study was to compare the costs, efficacy and safety of basiliximab (Simulect) versus Thymoglobuline in the treatment of renal transplant induction.

METHODS: We carried out an economic evaluation based on the data from clinical trial CHI-F-02. A total of 100 patients, fifty in each group, were recruited from nine sites across France. We estimated the direct medical costs of two strategies of renal transplant induction therapy incurred over six months in a piggy-back approach. Direct medical costs covered medications, hospital stays, dialysis, consultations and examinations not scheduled by the protocol. As both treatments offer the same efficacy, we ran a cost-minimisation study. The cost of care was analysed from a hospital perspective. Wilcoxon rank sum tests were performed to analyse the cost differences between the two strategies.

RESULTS: The study showed a significant reduction in the duration of initial hospital stay in the Simulect arm, as well as a significant reduction in the number of infectious episodes. Therefore, although the average cost of treatment with Simulect appears slightly higher than the cost with Thymoglobuline (2964 versus 2298 Euros), the cost of initial hospitalization is significantly lower in the Simulect arm (10 900 versus 11 967 Euros, p = 0.02). Furthermore the mean cost of infectious episodes is significantly lower in the Simulect arm (1056 versus 1790 Euros, p = .03). CMV infection accounts for 30% of this cost in the Simulect arm and 53% in the Thymoglobuline arm with a significantly different cost (p = 0.01).

CONCLUSION: In terms of direct medical costs, this study shows a saving of 1067 Euros per patient in the Simulect arm, which compensates for the initial higher price of this immunosuppressive drug.

PKU5

HEALTH-RELATED CONSEQUENCES AND COSTS OF OVERACTIVE BLADDER

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